



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Alan S. Broad, et al.

APPLICATION NO.: 10/706,225

FILING DATE: November 11, 2003

TITLE: System and Method for Updating a Network of
Remote Sensors

EXAMINER: Not Yet Assigned

GROUP ART UNIT: 2635

ATTY. DKT. NO.: 18856-08278

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 11/15/05 By: Albert C. Smith
Albert C. Smith, Reg. No.: 20,355

COMMISSIONER FOR PATENTS
P.O. BOX 1450
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STATUS REQUEST

SIR:

Our file for the subject application reveals that there has been no action on this application since the mailing of the Updated Filing Receipt on March 30, 2004.

PATENT

Please inform the undersigned, at the below stated address, of the status of
this application.

Respectfully submitted,
ALAN S. BROAD, ET AL.

Dated: 11/15/05

By: A.C. Smith
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IPR
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/706,225
		Filing Date	November 11, 2003
		First Named Inventor	Alan S. Broad
		Group Art Unit Number	2635
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	18856-08278

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<input checked="" type="checkbox"/> Status Request	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>Albert C. Smith</i>	
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated: 11/15/05

CERTIFICATE OF MAILING		
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Signature:	<i>Albert C. Smith</i>	
Typed or Printed Name:	Albert C. Smith	Dated: 11/15/05
Express Mail Mailing Number (optional):		